



House of Representatives

General Assembly

File No. 766

January Session, 2009

Substitute House Bill No. 6677

House of Representatives, April 21, 2009

The Committee on Judiciary reported through REP. LAWLOR of the 99th Dist., Chairperson of the Committee on the part of the House, that the substitute bill ought to pass.

AN ACT CONCERNING ANATOMICAL GIFTS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

1 Section 1. (NEW) (*Effective October 1, 2009*) Sections 1 to 24,
2 inclusive, of this act, may be cited as the "Revised Uniform Anatomical
3 Gift Act."

4 Sec. 2. (NEW) (*Effective October 1, 2009*) As used in sections 2 to 24,
5 inclusive, of this act and section 14-42 of the general statutes, as
6 amended by this act:

7 (1) "Adult" means an individual who is at least eighteen years of
8 age.

9 (2) "Agent" means an individual:

10 (A) Authorized to make health-care decisions on the principal's
11 behalf by a power of attorney for health care; or

12 (B) Expressly authorized to make an anatomical gift on the

13 principal's behalf by any other record signed by the principal.

14 (3) "Anatomical gift" means a donation of all or part of a human
15 body to take effect after the donor's death for the purpose of
16 transplantation, therapy, research or education.

17 (4) "Decedent" means a deceased individual whose body or part is
18 or may be the source of an anatomical gift, including a stillborn infant
19 and, subject to restrictions imposed by law other than the provisions of
20 sections 2 to 24, inclusive of this act, a fetus.

21 (5) "Disinterested witness" (A) means a witness other than the
22 spouse, child, parent, sibling, grandchild, grandparent or guardian of
23 the individual who makes, amends, revokes or refuses to make an
24 anatomical gift, or another adult who exhibited special care and
25 concern for the individual, and (B) does not include a person to whom
26 an anatomical gift could pass under section 11 of this act.

27 (6) "Document of gift" means a donor card or other record used to
28 make an anatomical gift, including a statement or symbol on a driver's
29 license or identification card or inclusion in a donor registry.

30 (7) "Donor" means an individual whose body or part is the subject of
31 an anatomical gift.

32 (8) "Donor registry" means the state donor registry maintained
33 pursuant to the provisions of section 14-42a of the general statutes, as
34 amended by this act, and includes any other database that identifies
35 donors and conforms with the provisions of section 20 of this act.

36 (9) "Driver's license" means a license or permit issued by the
37 Department of Motor Vehicles to operate a vehicle, whether or not
38 conditions are attached to such license or permit.

39 (10) "Eye bank" means a person that is licensed, accredited or
40 regulated under federal or state law to engage in the recovery,
41 screening, testing, processing, storage or distribution of human eyes or
42 portions of human eyes.

43 (11) "Guardian" (A) means a person appointed by a court to make
44 decisions regarding the support, care, education, health or welfare of
45 an individual, and (B) does not include a guardian ad litem.

46 (12) "Hospital" means a facility licensed as a hospital under chapter
47 368v of the general statutes or the law of any other state or a facility
48 operated as a hospital by the United States, a state or a subdivision of a
49 state.

50 (13) "Identification card" means an identification card issued by the
51 Department of Motor Vehicles.

52 (14) "Know" means to have actual knowledge.

53 (15) "Minor" means an individual who is under eighteen years of
54 age.

55 (16) "Organ procurement organization" means a person designated
56 by the Secretary of the United States Department of Health and
57 Human Services as an organ procurement organization.

58 (17) "Parent" means a parent whose parental rights have not been
59 terminated.

60 (18) "Part" (A) means an organ, an eye or tissue of a human being,
61 and (B) does not include the whole body.

62 (19) "Person" means an individual, corporation, business trust,
63 estate, trust, partnership, limited liability company, association, joint
64 venture, public corporation, government or governmental subdivision,
65 agency, or instrumentality, or any other legal or commercial entity.

66 (20) "Physician" means an individual authorized to practice
67 medicine or osteopathy under chapter 370 of the general statutes or the
68 law of any other state.

69 (21) "Procurement organization" means a person licensed,
70 accredited or approved under federal laws or the laws of any state, as a
71 nonprofit organ procurement organization, eye or tissue bank.

72 (22) "Prospective donor" means an individual, except for an
73 individual who has made a refusal, who is dead or near death and has
74 been determined by a procurement organization to have a part that
75 could be medically suitable for transplantation, therapy, research or
76 education.

77 (23) "Reasonably available" means able to be contacted by a
78 procurement organization without undue effort and willing and able
79 to act in a timely manner consistent with existing medical criteria
80 necessary for the making of an anatomical gift.

81 (24) "Recipient" means an individual into whose body a decedent's
82 part has been or is intended to be transplanted.

83 (25) "Record" means information that is inscribed on a tangible
84 medium or that is stored in an electronic or other medium and is
85 retrievable in perceivable form.

86 (26) "Refusal" means a record created under section 7 of this act that
87 expressly states an intent to bar other persons from making an
88 anatomical gift of an individual's body or part.

89 (27) "Sign" means, with the present intent to authenticate or adopt a
90 record:

91 (A) To execute or adopt a tangible symbol; or

92 (B) To attach to or logically associate with the record an electronic
93 symbol, sound or process.

94 (28) "State" means a state of the United States, the District of
95 Columbia, Puerto Rico, the United States Virgin Islands, or any
96 territory or insular possession subject to the jurisdiction of the United
97 States.

98 (29) "Technician" means an individual, including an enucleator,
99 determined to be qualified to remove or process parts by an
100 appropriate organization that is licensed, accredited or regulated

101 under federal or state law.

102 (30) "Tissue" means a portion of the human body other than an
103 organ or an eye, and excludes blood unless such blood is donated for
104 the purpose of research or education.

105 (31) "Tissue bank" means a person that is licensed, accredited or
106 regulated under federal or state law to engage in the recovery,
107 screening, testing, processing, storage or distribution of tissue.

108 (32) "Transplant hospital" means a hospital that furnishes organ
109 transplants and other medical and surgical specialty services required
110 for the care of transplant patients.

111 Sec. 3. (NEW) (*Effective October 1, 2009*) The provisions of sections 1
112 to 24, inclusive, of this act, and section 14-42 of the general statutes, as
113 amended by this act, apply to an anatomical gift or amendment to,
114 revocation of, or refusal to make an anatomical gift, whenever made.

115 Sec. 4. (NEW) (*Effective October 1, 2009*) Subject to the provisions of
116 section 8 of this act, an anatomical gift of a donor's body or part may
117 be made during the life of the donor for the purpose of transplantation,
118 therapy, research or education in the manner provided in section 5 of
119 this act by: (1) The donor, if the donor is an adult or if the donor is a
120 minor and is: (A) Emancipated; or (B) authorized under state law to
121 apply for a driver's license or identification card; (2) an agent of the
122 donor, including, but not limited to, a health care representative
123 appointed under section 19a-576 of the general statutes, unless the
124 power of attorney for health care or other record prohibits the agent
125 from making an anatomical gift; (3) a parent of the donor, if the donor
126 is an unemancipated minor; or (4) the donor's guardian.

127 Sec. 5. (NEW) (*Effective October 1, 2009*) (a) A donor may make an
128 anatomical gift: (1) By authorizing donor designation in a donor
129 registry; (2) by means of a will; (3) during a terminal illness or injury of
130 the donor, by any form of communication addressed to at least two
131 adults, at least one of whom is a disinterested witness; or (4) through

132 execution of a record pursuant to subsection (b) of this section.

133 (b) A donor or other person authorized to make an anatomical gift
134 under section 4 of this act may make a gift by a donor card or other
135 record signed by the donor or other person making the gift or by
136 authorizing that a statement or symbol indicating that the donor has
137 made an anatomical gift be included on a donor registry. If the donor
138 or other person is physically unable to sign a record, the record may be
139 signed by another individual at the direction of the donor or other
140 person and shall: (1) Be witnessed by at least two adults, at least one of
141 whom is a disinterested witness, who have signed at the request of the
142 donor or the other person; and (2) state that it has been signed and
143 witnessed as provided in subdivision (1) of this subsection.

144 (c) Revocation, suspension, expiration or cancellation of a driver's
145 license or identification card issued to a donor shall not invalidate an
146 anatomical gift.

147 (d) An anatomical gift made by will takes effect upon the donor's
148 death whether or not the will is probated. Invalidation of the will after
149 the donor's death shall not invalidate the gift.

150 Sec. 6. (NEW) (*Effective October 1, 2009*) (a) Subject to the provisions
151 of section 8 of this act, a donor or other person authorized to make an
152 anatomical gift under section 4 of this act, may amend or revoke an
153 anatomical gift by: (1) A record signed by (A) the donor; (B) the other
154 person; or (C) subject to subsection (b) of this section, another
155 individual acting at the direction of the donor or the other person if the
156 donor or other person is physically unable to sign; or (2) a
157 subsequently executed document of gift that amends or revokes a
158 previous anatomical gift or portion of an anatomical gift, either
159 expressly or by inconsistency.

160 (b) A record signed pursuant to subparagraph (C) of subdivision (1)
161 of subsection (a) of this section shall: (1) Be witnessed by at least two
162 adults, at least one of whom is a disinterested witness, who have
163 signed at the request of the donor or the other person; and (2) state that

164 such record has been signed and witnessed as provided for in
165 subsection (a) of this section.

166 (c) Subject to the provisions of section 8 of this act, a donor or other
167 person authorized to make an anatomical gift under section 4 of this
168 act may revoke an anatomical gift by the destruction or cancellation of
169 the document of gift, or the portion of the document of gift used to
170 make the gift, with the intent to revoke the gift.

171 (d) A donor may amend or revoke an anatomical gift that was not
172 made in a will by any form of communication during a terminal illness
173 or injury addressed to at least two adults, at least one of whom is a
174 disinterested witness.

175 (e) A donor who makes an anatomical gift in a will may amend or
176 revoke the gift in the manner provided for amendment or revocation
177 of wills or as provided in subsection (a) of this section.

178 Sec. 7. (NEW) (*Effective October 1, 2009*) (a) An individual may refuse
179 to make an anatomical gift of the individual's body or part by: (1) A
180 record signed by: (A) The individual; or (B) subject to the provisions of
181 subsection (b) of this section, another individual acting at the direction
182 of the individual if the individual is physically unable to sign; (2) the
183 individual's will, whether or not the will is admitted to probate or
184 invalidated after the individual's death; or (3) any form of
185 communication made by the individual during the individual's
186 terminal illness or injury addressed to at least two adults, at least one
187 of whom is a disinterested witness.

188 (b) A record signed pursuant to subparagraph (B) of subdivision (1)
189 of subsection (a) of this section shall: (1) Be witnessed by at least two
190 adults, at least one of whom is a disinterested witness, who have
191 signed at the request of the individual; and (2) state that such record
192 has been signed and witnessed as provided for in subsection (a) of this
193 section.

194 (c) An individual who has made a refusal may amend or revoke

195 such refusal: (1) In the manner provided in subsection (a) of this
196 section for making a refusal; (2) by subsequently making an anatomical
197 gift pursuant to section 5 of this act that is inconsistent with the refusal;
198 or (3) by destroying or canceling the record evidencing the refusal, or
199 the portion of the record used to make the refusal, with the intent to
200 revoke the refusal.

201 (d) Except as otherwise provided in subsection (g) of section 8 of
202 this act, in the absence of an express, contrary indication by the
203 individual set forth in the refusal, an individual's unrevoked refusal to
204 make an anatomical gift of the individual's body or part bars all other
205 persons from making an anatomical gift of the individual's body or
206 part.

207 Sec. 8. (NEW) (*Effective October 1, 2009*) (a) Except as provided in
208 subsection (g) of this section and subject to the provisions of subsection
209 (f) of this section, in the absence of an express, contrary indication by
210 the donor, a person other than the donor is barred from making,
211 amending or revoking an anatomical gift of a donor's body or part if
212 the donor made an anatomical gift of the donor's body or part under
213 section 5 of this act or an amendment to an anatomical gift of the
214 donor's body or part under section 6 of this act.

215 (b) A donor's revocation of an anatomical gift of the donor's body or
216 part under section 6 of this act is not a refusal and does not bar another
217 person specified in section 4 or 9 of this act from making an anatomical
218 gift of the donor's body or part under section 5 or 10 of this act.

219 (c) If a person other than the donor makes an unrevoked anatomical
220 gift of the donor's body or part under section 5 of this act or an
221 amendment to an anatomical gift of the donor's body or part under
222 section 6 of this act, another person may not make, amend or revoke
223 the gift of the donor's body or part under section 10 of this act.

224 (d) A revocation of an anatomical gift of a donor's body or part
225 under section 6 of this act by a person other than the donor shall not
226 preclude another person from making an anatomical gift of the body

227 or part under section 5 or 10 of this act.

228 (e) In the absence of an express, contrary indication by the donor or
229 other person authorized to make an anatomical gift under section 4 of
230 this act, (1) an anatomical gift of a part is neither a refusal to give
231 another part nor a limitation on the making of an anatomical gift of
232 another part at a later time by the donor or another person; and (2) an
233 anatomical gift of a part for one or more of the purposes set forth in
234 section 4 of this act is not a limitation on the making of an anatomical
235 gift of the part for any of the other purposes by the donor or any other
236 person under section 5 or 10 of this act.

237 (f) If a donor who is an unemancipated minor dies, a parent of the
238 donor who is reasonably available may revoke or amend an
239 anatomical gift of the donor's body or part.

240 (g) If an unemancipated minor who signed a refusal dies, a parent of
241 the minor who is reasonably available may revoke the minor's refusal.

242 Sec. 9. (NEW) (*Effective October 1, 2009*) (a) Subject to the provisions
243 of subsections (b) and (c) of this section and unless precluded by
244 section 7 or 8 of this act, an anatomical gift of a decedent's body or part
245 for purpose of transplantation, therapy, research or education may be
246 made by any member of the following classes of persons who is
247 reasonably available, in the order of priority listed:

248 (1) An agent of the decedent who could have made an anatomical
249 gift under subdivision (2) of section 4 of this act immediately before
250 the decedent's death;

251 (2) The spouse of the decedent;

252 (3) A person designated by the decedent pursuant to section 1-56r of
253 the general statutes, as amended by this act;

254 (4) Adult children of the decedent;

255 (5) Parents of the decedent;

- 256 (6) Adult siblings of the decedent;
- 257 (7) Adult grandchildren of the decedent;
- 258 (8) Grandparents of the decedent;
- 259 (9) An adult who exhibited special care and concern for the
260 decedent;
- 261 (10) The persons who were acting as the guardians or conservator of
262 the person of the decedent at the time of death; and
- 263 (11) Any other person having the authority to dispose of the
264 decedent's body.

265 (b) If there is more than one member of a class listed in subdivision
266 (1), (3), (4), (5), (6), (7), (8) or (10) of subsection (a) entitled to make an
267 anatomical gift, an anatomical gift may be made by any member of the
268 class unless that member or a person to which the gift may pass under
269 section 11 of this act knows of an objection by any other member of the
270 class. If an objection is known, the gift may be made only by a majority
271 of the members of the class who are reasonably available.

272 (c) A person may not make an anatomical gift if, at the time of the
273 decedent's death, a person in a higher priority class under subsection
274 (a) of this section is reasonably available to make or to object to the
275 making of an anatomical gift.

276 Sec. 10. (NEW) (*Effective October 1, 2009*) (a) A person authorized to
277 make an anatomical gift under section 9 of this act may make an
278 anatomical gift by a document of gift signed by the person making the
279 gift or by that person's oral communication that is electronically
280 recorded or is contemporaneously reduced to a record and signed by
281 the individual receiving the oral communication.

282 (b) Subject to the provisions of subsection (c) of this section, an
283 anatomical gift by a person authorized under section 9 of this act may
284 be amended or revoked orally or in a record by any member of a

285 higher priority class under subsection (a) of section 9 of this act, who is
286 reasonably available. If more than one member of such higher priority
287 class is reasonably available, the gift made by a person authorized
288 under section 9 of this act may be: (1) Amended, only if a majority of
289 the reasonably available higher priority class members agree to the
290 amending of the gift; or (2) revoked, only if a majority of the
291 reasonably available higher priority class members agree to the
292 revoking of the gift or they are equally divided as to whether to revoke
293 the gift.

294 (c) A revocation under subsection (b) of this section is effective only
295 if the procurement organization, transplant hospital or physician or
296 technician knows of the revocation before an incision has been made to
297 remove a part from the donor's body or before invasive procedures
298 have begun to prepare the recipient.

299 Sec. 11. (NEW) (*Effective October 1, 2009*) (a) An anatomical gift may
300 be made to the following persons named in the document of gift: (1) A
301 hospital; accredited medical school, dental school, college or
302 university; organ procurement organization; or other appropriate
303 person, for research or education; (2) subject to the provisions of
304 subsection (b) of this section, a named individual designated by the
305 person making the anatomical gift if the individual is the recipient of
306 the part; or (3) an eye bank or tissue bank.

307 (b) If an anatomical gift to an individual under subdivision of (2)
308 subsection (a) of this section cannot be transplanted into the
309 individual, the part passes in accordance with the provisions of
310 subsection (g) of this section in the absence of an express, contrary
311 indication by the person making the anatomical gift.

312 (c) If an anatomical gift of one or more specific parts or of all parts is
313 made in a document of gift that does not name a person described in
314 subsection (a) of this section but identifies the purpose for which an
315 anatomical gift may be used, the following provisions shall apply: (1)
316 If the part is an eye and the gift is for the purpose of transplantation or
317 therapy, the gift passes to the appropriate eye bank; (2) if the part is

318 tissue and the gift is for the purpose of transplantation or therapy, the
319 gift passes to the appropriate tissue bank; (3) if the part is an organ and
320 the gift is for the purpose of transplantation or therapy, the gift passes
321 to the appropriate organ procurement organization as custodian of the
322 organ; and (4) if the part is an organ, an eye or tissue and the gift is for
323 the purpose of research or education, the gift passes to the appropriate
324 procurement organization.

325 (d) For purposes of subsection (c) of this section, if there is more
326 than one purpose of an anatomical gift set forth in the document of gift
327 but such purposes are not set forth in any priority, the gift shall be
328 used for transplantation or therapy, if suitable for those purposes, if
329 the gift cannot be used for transplantation or therapy, the gift may be
330 used for research or education.

331 (e) If an anatomical gift of one or more specific parts is made in a
332 document of gift that does not name a person described in subsection
333 (a) of this section and does not identify the purpose of the gift, the gift
334 passes in accordance with the provisions of subsection (g) of this
335 section and the parts shall be used for transplantation or therapy, if
336 suitable, and if not suitable for those purposes, may be used for
337 research or education.

338 (f) If a document of gift specifies only a general intent to make an
339 anatomical gift by words such as "donor", "organ donor" or "body
340 donor", or by a symbol or statement of similar import, the gift passes in
341 accordance with the provisions of subsection (g) of this section and the
342 parts shall be used for transplantation or therapy, if suitable, and if not
343 suitable for those purposes, may be used for research or education.

344 (g) In accordance with subsections (b), (e) and (f) of this section, the
345 following provisions shall apply: (1) If the part is an eye, the gift passes
346 to the appropriate eye bank; (2) if the part is tissue, the gift passes to
347 the appropriate tissue bank; and (3) if the part is an organ, the gift
348 passes to the appropriate organ procurement organization as
349 custodian of the organ.

350 (h) An anatomical gift of an organ for transplantation or therapy,
351 other than an anatomical gift under subdivision (2) of subsection (a) of
352 this section, passes to the organ procurement organization as
353 custodian of the organ.

354 (i) If an anatomical gift does not pass pursuant to the provisions of
355 subsections (a) to (h), inclusive, of this section or the decedent's body
356 or part is not used for transplantation, therapy, research or education,
357 custody of the body or part passes to the person under obligation to
358 dispose of the body or part.

359 (j) A person may not accept an anatomical gift if the person knows
360 that the gift was not effectively made under section 5 or 10 of this act,
361 or if the person knows that the decedent made a refusal under section
362 7 of this act that was not revoked. For purposes of this subsection, if a
363 person knows that an anatomical gift was made on a document of gift,
364 the person is deemed to know of any amendment or revocation of the
365 gift or any refusal to make an anatomical gift on the same document of
366 gift.

367 (k) Except as otherwise provided in subdivision (2) of subsection (a)
368 of this section, nothing in this section shall affect the allocation of
369 organs for transplantation or therapy.

370 Sec. 12. (NEW) (*Effective October 1, 2009*) (a) The following persons
371 shall make a reasonable search of an individual who the person
372 reasonably believes is dead or near death for a document of gift or
373 other information identifying the individual as a donor or as an
374 individual who made a refusal: (1) A law enforcement officer,
375 firefighter, paramedic or other emergency rescuer finding the
376 individual; and (2) if no other source of the information is immediately
377 available, a hospital, as soon as practical after the individual's arrival at
378 the hospital.

379 (b) If a document of gift or a refusal to make an anatomical gift is
380 located as a result of the search required pursuant to subsection (a) of
381 this section and the individual or deceased individual to whom such

382 search relates is taken to a hospital, the person responsible for
383 conducting such search shall send the document of gift or refusal to
384 the hospital.

385 (c) A person shall not be subject to criminal or civil liability for
386 failing to discharge the duties imposed by this section, but may be
387 subject to administrative sanctions.

388 Sec. 13. (NEW) (*Effective October 1, 2009*) (a) A document of gift need
389 not be delivered during the donor's lifetime to be effective.

390 (b) Upon or after an individual's death, a person in possession of a
391 document of gift or a refusal to make an anatomical gift with respect to
392 the individual shall allow examination and copying of the document of
393 gift or refusal by a person authorized to make or object to the making
394 of an anatomical gift with respect to the individual or by a person to
395 which the gift could pass under section 11 of this act.

396 Sec. 14. (NEW) (*Effective October 1, 2009*) (a) When a hospital refers
397 an individual at or near death to a procurement organization, the
398 organization shall make a reasonable search of the records of the
399 Department of Motor Vehicles and any donor registry that it knows
400 exists for the geographical area in which the individual resides to
401 ascertain whether the individual has made an anatomical gift.

402 (b) A procurement organization shall be allowed reasonable access
403 to information contained in records maintained by the Department of
404 Motor Vehicles in accordance with the provisions of subsection (f) of
405 section 14-10 of the general statutes, as amended by this act, to
406 ascertain whether an individual at or near death is a donor.

407 (c) When a hospital refers an individual at or near death to a
408 procurement organization, the organization may conduct any
409 reasonable examination necessary to assess the medical suitability of a
410 part that is or could be the subject of an anatomical gift for
411 transplantation, therapy, research or education from a donor or a
412 prospective donor. During such examination period, measures

413 necessary to maintain the potential medical suitability of the part may
414 not be withdrawn unless the hospital or procurement organization
415 knows that the individual expressed a contrary intent.

416 (d) Unless otherwise prohibited by law, at any time after a donor's
417 death, the person to which a part passes under section 11 of this act
418 may conduct any reasonable examination necessary to assess the
419 medical suitability of the body or part for its intended purpose.

420 (e) Unless otherwise prohibited by law, an examination undertaken
421 pursuant to subsection (c) or (d) of this section may include an
422 examination of all medical and dental records of the donor or
423 prospective donor.

424 (f) Upon the death of a minor who was a donor or had signed a
425 refusal, unless a procurement organization knows the minor is
426 emancipated, the procurement organization shall conduct a reasonable
427 search for the parents of the minor and provide the parents with an
428 opportunity to revoke or amend the anatomical gift or revoke the
429 refusal.

430 (g) Upon referral by a hospital pursuant to subsection (a) of this
431 section, a procurement organization shall make a reasonable search for
432 any person listed in section 9 of this act having priority to make an
433 anatomical gift on behalf of a prospective donor. If a procurement
434 organization receives information that an anatomical gift to any other
435 person was made, amended or revoked, the procurement organization
436 shall promptly advise the other person of all relevant information.

437 (h) Subject to the provisions of subsection (i) of section 11 of this act
438 and section 22 of this act, the rights of any person to which a part
439 passes under section 11 of this act shall be superior to the rights of all
440 others with respect to the part. Such person may accept or reject an
441 anatomical gift in whole or in part. Subject to the terms of the
442 document of gift and sections 1 to 24, inclusive, of this act, a person
443 that accepts an anatomical gift of an entire body may allow
444 embalming, burial or cremation, and use of remains in a funeral

445 service. If the gift is of a part, the person to which the part passes
446 under section 11 of this act, upon the death of the donor and before
447 embalming, burial or cremation, shall cause the part to be removed
448 without unnecessary mutilation.

449 (i) Neither the physician who attends the decedent at death nor the
450 physician who determines the time of the decedent's death may
451 participate in the procedures for removing or transplanting a part from
452 the decedent.

453 (j) A licensed physician or technician possessing the requisite skills
454 and qualifications may remove a donated part from the body of a
455 donor.

456 Sec. 15. (NEW) (*Effective October 1, 2009*) Each hospital in this state
457 shall enter into agreements or affiliations with procurement
458 organizations for coordination of procurement and use of anatomical
459 gifts.

460 Sec. 16. (NEW) (*Effective October 1, 2009*) (a) Except as provided in
461 subsection (b) of this section, a person that for valuable consideration,
462 knowingly purchases or sells a part for transplantation or therapy if
463 removal of a part from an individual is intended to occur after the
464 individual's death shall be guilty of a class A misdemeanor.

465 (b) A person may charge a reasonable amount for the removal,
466 processing, preservation, quality control, storage, transportation,
467 implantation or disposal of a part.

468 Sec. 17. (NEW) (*Effective October 1, 2009*) A person that, in order to
469 obtain a financial gain, intentionally falsifies, forges, conceals, defaces
470 or obliterates a document of gift, an amendment or revocation of a
471 document of gift, or a refusal shall be guilty of a class A misdemeanor.

472 Sec. 18. (NEW) (*Effective October 1, 2009*) (a) A person that acts in
473 accordance with sections 1 to 24, inclusive, of this act and section 14-42
474 of the general statutes, as amended by this act, or with the applicable
475 anatomical gift law of another state, or attempts in good faith to do so,

476 shall not be liable for the act in a civil action, criminal prosecution or
477 administrative proceeding. Following a donor's designation in a donor
478 registry, signed statement by a donor or a donor card shall be prima
479 facie evidence of good faith attempt by a person to conform to the
480 donor's intent.

481 (b) Neither the person making an anatomical gift nor the donor's
482 estate is liable for any injury or damage that results from the making or
483 use of the gift.

484 (c) Implied warranties of merchantability and fitness shall not be
485 applicable to human organs, tissues, eyes or human blood or blood
486 plasma. Provision of such organs, tissues, eyes, blood, blood plasma
487 and components, derivative or fractions thereof, shall not be
488 considered commodities subject to sale or barter, but shall be
489 considered as medical services.

490 (d) In determining whether an anatomical gift has been made,
491 amended or revoked under the provisions of sections 1 to 24, inclusive,
492 of this act and section 14-42 of the general statutes, as amended by this
493 act, a person may rely upon representations of an individual listed in
494 subdivisions (2) to (8), inclusive, of subsection (a) of section 9 of this
495 act, relating to such individual's relationship to the donor or
496 prospective donor unless the person knows that the individual's
497 representation is untrue.

498 Sec. 19. (NEW) (*Effective October 1, 2009*) (a) A document of gift is
499 valid if executed in accordance with: (1) The provisions of sections 1 to
500 24, inclusive, of this act and section 14-42 of the general statutes, as
501 amended by this act; (2) the laws of the state or country where such
502 document was executed; or (3) the laws of the state or country where
503 the person making the anatomical gift was domiciled, has a place of
504 residence or was a national at the time the document of gift was
505 executed.

506 (b) If a document of gift is valid under this section, the law of this
507 state governs the interpretation of the document of gift.

508 (c) A person may presume that a document of gift or amendment of
509 an anatomical gift is valid unless that person knows that it was not
510 validly executed or was revoked.

511 Sec. 20. (NEW) (*Effective October 1, 2009*) (a) A donor registry shall
512 be: (1) A database that includes individuals who have made an
513 anatomical gift; (2) accessible to a procurement organization in order
514 to allow such procurement organization the ability to obtain relevant
515 information on the donor registry to determine, at or near death of the
516 donor or a prospective donor, whether the donor or prospective donor
517 has made an anatomical gift; and (3) accessible for the purposes of this
518 subsection seven days a week, twenty-four hours per day.

519 (b) Personally identifiable information on a donor registry
520 concerning a donor or prospective donor may not be used or disclosed
521 without the express consent of the donor, prospective donor or person
522 that made the anatomical gift for any purpose other than to determine
523 whether the donor or prospective donor has made an anatomical gift.

524 (c) Nothing in this section shall prohibit any person from creating or
525 maintaining a donor registry that is not established by or under
526 contract with the state. Any such established registry shall comply
527 with the requirements of subsections (a) and (b) of this section.

528 Sec. 21. (NEW) (*Effective October 1, 2009*) (a) The Office of the Chief
529 Medical Examiner shall cooperate with procurement organizations to
530 maximize the opportunity to recover anatomical gifts for the purpose
531 of transplantation, therapy, research or education.

532 (b) If a medical examiner receives notice from a procurement
533 organization that an anatomical gift may be available or was made
534 with respect to a decedent whose body is under the jurisdiction of such
535 medical examiner and a post-mortem examination is going to be
536 performed, unless such medical examiner denies recovery in
537 accordance with the provisions of section 22 of this act, the medical
538 examiner or designee shall conduct a post-mortem examination of the
539 body or the part in a manner and within a period compatible with

540 preservation of such body or part for the purposes of the gift.

541 (c) A part may not be removed from the body of a decedent under
542 the jurisdiction of a medical examiner for transplantation, therapy,
543 research or education unless the part is the subject of an anatomical
544 gift. The body of a decedent under the jurisdiction of the medical
545 examiner shall not be delivered to a person for research or education
546 unless the body is the subject of an anatomical gift. Nothing in this
547 subsection shall preclude a medical examiner from performing the
548 medicolegal investigation upon the body or parts of a decedent under
549 the jurisdiction of the medical examiner.

550 Sec. 22. (NEW) (*Effective October 1, 2009*) (a) Upon the request of a
551 procurement organization, a medical examiner shall release to the
552 procurement organization the name, contact information and available
553 medical and social history of a decedent whose body is under the
554 jurisdiction of such medical examiner. If the decedent's body or part is
555 medically suitable for transplantation, therapy, research or education,
556 the medical examiner shall release post-mortem examination results to
557 the procurement organization. The procurement organization may
558 make a subsequent disclosure of the post-mortem examination results
559 or other information received from the medical examiner only if
560 relevant to transplantation or therapy or, with the express
561 authorization of the medical examiner, if relevant to research or
562 education.

563 (b) The medical examiner may conduct a medicolegal examination
564 by reviewing all medical records, laboratory test results, x-rays, other
565 diagnostic results and any other information that any person possesses
566 that the medical examiner determines may be relevant to the
567 investigation concerning a donor or prospective donor whose body is
568 under the jurisdiction of such medical examiner.

569 (c) A person that has any information requested by a medical
570 examiner pursuant to subsection (b) of this section shall provide such
571 information as expeditiously as possible to allow such medical
572 examiner to conduct the medicolegal investigation within a period of

573 time that is compatible with the preservation of parts for the purpose
574 of transplantation, therapy, research or education.

575 (d) If an anatomical gift has been or may be made of a part of a
576 decedent whose body is under the jurisdiction of a medical examiner
577 and a post-mortem examination is not required, or such medical
578 examiner determines that a post-mortem examination is required but
579 that the recovery of the part that is the subject of an anatomical gift
580 will not interfere with the examination, such medical examiner and
581 procurement organization shall cooperate in the timely removal of the
582 part from the decedent for the purpose of transplantation, therapy,
583 research or education.

584 (e) If an anatomical gift of a part from the decedent under the
585 jurisdiction of a medical examiner has been or may be made, but such
586 medical examiner initially believes that the recovery of the part could
587 interfere with the post-mortem investigation into the decedent's cause
588 or manner of death, such medical examiner shall consult with a
589 procurement organization or physician or technician designated by
590 such procurement organization concerning the proposed recovery in
591 an effort to facilitate recovery consistent with the obligations of the
592 Chief Medical Examiner.

593 (f) Following a consultation conducted in accordance with
594 subsection (e) of this section, in the absence of mutually agreed-upon
595 protocols to resolve conflict between a medical examiner and a
596 procurement organization, if such medical examiner intends to deny
597 recovery, such medical examiner or his or her designee, at the request
598 of such procurement organization, may attend the removal procedure
599 for the part prior to making a final determination not to allow the
600 procurement organization to recover the part. During the removal
601 procedure, such medical examiner or his or her designee may allow
602 recovery by such procurement organization to proceed, or, if such
603 medical examiner or his or her designee reasonably believes that the
604 part may be involved in determining the decedent's cause or manner
605 of death, deny recovery by such procurement organization.

606 (g) If a medical examiner or his or her designee denies recovery of a
607 part, such medical examiner, or his or her designee, shall provide a
608 record with the specific reasons to a procurement organization.

609 (h) If a medical examiner or his or her designee allows recovery of a
610 part, the procurement organization, upon request, shall cause the
611 physician or technician who removes the part to provide such medical
612 examiner with a record describing the condition of the part, the results
613 of any biopsy, photographs if taken, and any other information and
614 observations that would assist in the post-mortem examination.

615 Sec. 23. (NEW) (*Effective October 1, 2009*) In applying and construing
616 the provisions of the Revised Uniform Anatomical Gift Act,
617 consideration shall be given to the need to promote uniformity of the
618 law with respect to the subject matter among states that enact said
619 uniform act.

620 Sec. 24. (NEW) (*Effective October 1, 2009*) Sections 1 to 24, inclusive,
621 of this act, modify, limit and supersede the Electronic Signatures in
622 Global and National Commerce Act, 15 USC Section 7001 et seq., but
623 does not modify, limit or supersede Section 101(c) of that act, 15 USC
624 Section 7001(c), or authorize electronic delivery of any of the notices
625 described in Section 103(b) of said act, 15 USC Section 7003(b).

626 Sec. 25. Section 14-42 of the general statutes is repealed and the
627 following is substituted in lieu thereof (*Effective October 1, 2009*):

628 (a) An application for an operator's license or identity card shall be
629 made on forms furnished by the commissioner. The applications shall
630 be in such form and contain such provisions and information as the
631 commissioner may determine.

632 (b) The application for an operator's license and the application for
633 an identity card shall include the opportunity to [complete an organ
634 donor card pursuant to sections 19a-271 to 19a-280, inclusive] make an
635 anatomical gift through inclusion in the state donor registry
636 maintained pursuant to section 14-42a, as amended by this act. An

637 operator's license issued to a person who has [completed a donor card]
638 authorized inclusion on such donor registry shall have a [copy of the
639 card] donor symbol imprinted on [the reverse side of] the license.

640 Sec. 26. Subsection (a) of section 1-56r of the general statutes is
641 repealed and the following is substituted in lieu thereof (*Effective*
642 *October 1, 2009*):

643 (a) Any person eighteen years of age or older may execute a
644 document that designates another person eighteen years of age or
645 older to make certain decisions on behalf of the maker of such
646 document and have certain rights and obligations with respect to the
647 maker of such document under section 1-1k, subsection (b) of section
648 14-16, subsection (b) of section 17a-543, subsection (a) of section [19a-
649 279c] 9 of this act, section 19a-550, subsection (a) of section 19a-571,
650 section 19a-580, subsection (b) of section 19a-578, section 31-51jj,
651 section 54-85d, section 54-91c, section 54-126a or chapter 968.

652 Sec. 27. Subparagraph (K) of subdivision (2) of subsection (f) of
653 section 14-10 of the general statutes is repealed and the following is
654 substituted in lieu thereof (*Effective October 1, 2009*):

655 (K) Inclusion of personal information about persons who have
656 indicated consent to become organ and tissue donors in a donor
657 registry established by a procurement organization, as defined in
658 section [19a-279a] 2 of this act.

659 Sec. 28. Subsection (b) of section 14-42a of the general statutes is
660 repealed and the following is substituted in lieu thereof (*Effective*
661 *October 1, 2009*):

662 (b) The Commissioner of Motor Vehicles shall include in regulations
663 adopted pursuant to sections 14-36f and 14-78 a requirement that a
664 description of the purposes and procedures of procurement
665 organizations, as defined in section [19a-279a] 2 of this act, be included
666 in driver education programs.

667 Sec. 29. Subsection (a) of section 19a-575a of the general statutes is

668 repealed and the following is substituted in lieu thereof (*Effective*
669 *October 1, 2009*):

670 (a) Any person eighteen years of age or older may execute a
671 document that contains health care instructions, the appointment of a
672 health care representative, the designation of a conservator of the
673 person for future incapacity and a document of anatomical gift. Any
674 such document shall be signed and dated by the maker with at least
675 two witnesses and may be in the substantially following form:

676 THESE ARE MY HEALTH CARE INSTRUCTIONS.

677 MY APPOINTMENT OF A HEALTH CARE REPRESENTATIVE,

678 THE DESIGNATION OF MY CONSERVATOR OF THE PERSON

679 FOR MY FUTURE INCAPACITY

680 AND

681 MY DOCUMENT OF ANATOMICAL GIFT

682 To any physician who is treating me: These are my health care
683 instructions including those concerning the withholding or withdrawal
684 of life support systems, together with the appointment of my health
685 care representative, the designation of my conservator of the person
686 for future incapacity and my document of anatomical gift. As my
687 physician, you may rely on these health care instructions and any
688 decision made by my health care representative or conservator of my
689 person, if I am incapacitated to the point when I can no longer actively
690 take part in decisions for my own life, and am unable to direct my
691 physician as to my own medical care.

692 I, ..., the author of this document, request that, if my condition is
693 deemed terminal or if I am determined to be permanently
694 unconscious, I be allowed to die and not be kept alive through life
695 support systems. By terminal condition, I mean that I have an
696 incurable or irreversible medical condition which, without the

697 administration of life support systems, will, in the opinion of my
698 attending physician, result in death within a relatively short time. By
699 permanently unconscious I mean that I am in a permanent coma or
700 persistent vegetative state which is an irreversible condition in which I
701 am at no time aware of myself or the environment and show no
702 behavioral response to the environment. The life support systems
703 which I do not want include, but are not limited to: Artificial
704 respiration, cardiopulmonary resuscitation and artificial means of
705 providing nutrition and hydration. I do want sufficient pain
706 medication to maintain my physical comfort. I do not intend any direct
707 taking of my life, but only that my dying not be unreasonably
708 prolonged.

709 I appoint to be my health care representative. If my attending
710 physician determines that I am unable to understand and appreciate
711 the nature and consequences of health care decisions and unable to
712 reach and communicate an informed decision regarding treatment, my
713 health care representative is authorized to make any and all health care
714 decisions for me, including (1) the decision to accept or refuse any
715 treatment, service or procedure used to diagnose or treat my physical
716 or mental condition, except as otherwise provided by law such as for
717 psychosurgery or shock therapy, as defined in section 17a-540, and (2)
718 the decision to provide, withhold or withdraw life support systems. I
719 direct my health care representative to make decisions on my behalf in
720 accordance with my wishes, as stated in this document or as otherwise
721 known to my health care representative. In the event my wishes are
722 not clear or a situation arises that I did not anticipate, my health care
723 representative may make a decision in my best interests, based upon
724 what is known of my wishes.

725 If is unwilling or unable to serve as my health care
726 representative, I appoint to be my alternative health care
727 representative.

728 If a conservator of my person should need to be appointed, I
729 designate be appointed my conservator. If is unwilling or unable

730 to serve as my conservator, I designate No bond shall be required
731 of either of them in any jurisdiction.

732 I hereby make this anatomical gift, if medically acceptable, to take
733 effect upon my death.

734 I give: (check one)

T1 (1) any needed organs or parts

T2 (2) only the following organs or parts

735 to be donated for: (check one)

T3 (1) any of the purposes stated in subsection (a) of section
T4 [19a-279f of the general statutes] 11 of this act

T5 (2) these limited purposes

736 These requests, appointments, and designations are made after
737 careful reflection, while I am of sound mind. Any party receiving a
738 duly executed copy or facsimile of this document may rely upon it
739 unless such party has received actual notice of my revocation of it.

T6 Date, 20..

T7 L.S.

740 This document was signed in our presence by the author of this
741 document, who appeared to be eighteen years of age or older, of sound
742 mind and able to understand the nature and consequences of health
743 care decisions at the time this document was signed. The author
744 appeared to be under no improper influence. We have subscribed this
745 document in the author's presence and at the author's request and in
746 the presence of each other.

T8

T9 (Witness) (Witness)

T10

T11 (Number and Street) (Number and Street)

T12
 T13 (City, State and Zip Code) (City, State and Zip Code)

T14 STATE OF CONNECTICUT
 T15
 T16
 T17 COUNTY OF

} ss.

747 We, the subscribing witnesses, being duly sworn, say that we
 748 witnessed the execution of these health care instructions, the
 749 appointments of a health care representative, the designation of a
 750 conservator for future incapacity and a document of anatomical gift by
 751 the author of this document; that the author subscribed, published and
 752 declared the same to be the author's instructions, appointments and
 753 designation in our presence; that we thereafter subscribed the
 754 document as witnesses in the author's presence, at the author's request,
 755 and in the presence of each other; that at the time of the execution of
 756 said document the author appeared to us to be eighteen years of age or
 757 older, of sound mind, able to understand the nature and consequences
 758 of said document, and under no improper influence, and we make this
 759 affidavit at the author's request this day of 20...

T18
 T19 (Witness) (Witness)
 T20

760 Subscribed and sworn to before me this day of 20..

T21
 T22 Commissioner of the Superior Court
 T23 Notary Public
 T24 My commission expires:

761 (Print or type name of all persons signing under all signatures)

762 Sec. 30. Subsection (a) of section 19a-583 of the general statutes is
 763 repealed and the following is substituted in lieu thereof (*Effective*

764 *October 1, 2009*):

765 (a) No person who obtains confidential HIV-related information
766 may disclose or be compelled to disclose such information, except to
767 the following:

768 (1) The protected individual, his legal guardian or a person
769 authorized to consent to health care for such individual;

770 (2) Any person who secures a release of confidential HIV-related
771 information;

772 (3) A federal, state or local health officer when such disclosure is
773 mandated or authorized by federal or state law;

774 (4) A health care provider or health facility when knowledge of the
775 HIV-related information is necessary to provide appropriate care or
776 treatment to the protected individual or a child of the individual or
777 when confidential HIV-related information is already recorded in a
778 medical chart or record and a health care provider has access to such
779 record for the purpose of providing medical care to the protected
780 individual;

781 (5) A medical examiner to assist in determining the cause or
782 circumstances of death;

783 (6) Health facility staff committees or accreditation or oversight
784 review organizations which are conducting program monitoring,
785 program evaluation or service reviews;

786 (7) A health care provider or other person in cases where such
787 provider or person in the course of his occupational duties has had a
788 significant exposure to HIV infection, provided the following criteria
789 are met: (A) The worker is able to document significant exposure
790 during performance of his occupation, (B) the worker completes an
791 incident report within forty-eight hours of exposure, identifying the
792 parties to the exposure, witnesses, time, place and nature of the event,
793 (C) the worker submits to a baseline HIV test within seventy-two

794 hours of the exposure and is negative on that test for the presence of
795 the AIDS virus, (D) the patient's or person's physician or, if the patient
796 or person does not have a personal physician or if the patient's or
797 person's physician is unavailable, another physician or health care
798 provider has approached the patient or person and sought voluntary
799 consent to disclosure and the patient or person refuses to consent to
800 disclosure, except in an exposure where the patient or person is
801 deceased, (E) the worker would be able to take meaningful immediate
802 action as defined in regulations adopted pursuant to section 19a-589
803 which could not otherwise be taken, (F) an exposure evaluation group
804 determines that the criteria specified in subparagraphs (A), (B), (C), (D)
805 and (E) of this subdivision are met and that a worker has a significant
806 exposure to the blood of a patient or person and the patient or person
807 or the patient's or person's legal guardian refuses to consent to release
808 of the information. No member of the exposure evaluation group who
809 determines that a worker has sustained a significant exposure and
810 authorizes the disclosure of confidential HIV-related information nor
811 the health facility, correctional facility or other institution nor any
812 person in a health facility, correctional facility or other institution who
813 relies in good faith on the group's determination and discloses the
814 result shall have any liability as a result of his action carried out under
815 this section, unless such persons acted in bad faith. If the information is
816 not held by a health facility, correctional facility or other institution, a
817 physician not directly involved in the exposure has certified in writing
818 that the criteria specified in subparagraphs (A), (B), (C), (D) and (E) of
819 this subdivision are met and that a significant exposure has occurred;

820 (8) Employees of hospitals for mental illness operated by the
821 Department of Mental Health and Addiction Services if the infection
822 control committee of the hospital determines that the behavior of the
823 patient poses a significant risk of transmission to another patient of the
824 hospital. Disclosure shall only be allowed if it is likely to prevent or
825 reduce the risk of transmission and no reasonable alternatives exist
826 that will achieve the same goal and also preserve the confidentiality of
827 the information. Such "reasonable alternatives" include counseling the
828 patient concerning behaviors that pose a risk of transmission and other

829 efforts to prevent or address the behaviors that pose a significant risk
830 of transmission without disclosing the patient's HIV status or other
831 confidential HIV-related information. Disclosure shall be limited to as
832 few employees as possible and only to those employees with a direct
833 need to receive the information to achieve the purpose authorized by
834 this subdivision;

835 (9) Employees of facilities operated by the Department of Correction
836 to provide services related to HIV infection or if the medical director
837 and chief administrator of the facility determine that the behavior of an
838 inmate poses significant risk of transmission to another inmate or has
839 resulted in a significant exposure of another inmate of the facility. Such
840 a disclosure shall only be made if it is specifically required to enable
841 the inmate to receive such services or is likely to prevent or reduce the
842 risk of transmission and no reasonable alternatives exist that will
843 achieve the same goal and also preserve the confidentiality of the
844 information. Such "reasonable alternatives" include counseling the
845 inmate concerning behaviors that pose a risk of transmission or other
846 efforts to prevent or address the behaviors that pose a significant risk
847 of transmission without disclosing the patient's HIV status or other
848 confidential HIV-related information. Disclosure shall be limited to as
849 few employees as possible and only to those employees with a direct
850 need to receive the information to achieve a purpose authorized by this
851 subdivision;

852 (10) Any person allowed access to such information by a court order
853 which is issued in compliance with the following provisions: (A) No
854 court of this state shall issue such order unless the court finds a clear
855 and imminent danger to the public health or the health of a person and
856 that the person has demonstrated a compelling need for the test results
857 which cannot be accommodated by other means. In assessing
858 compelling need, the court shall weigh the need for disclosure against
859 the privacy interest of the test subject and the public interest which
860 may be disserved by disclosure which deters future testing or which
861 may lead to discrimination. (B) Pleadings pertaining to disclosure of
862 confidential HIV-related information shall substitute a pseudonym for

863 the true name of the subject of the test. The disclosure to the parties of
864 the subject's true name shall be communicated confidentially, in
865 documents not filed with the court. (C) Before granting any such order,
866 the court shall provide the individual whose test result is in question
867 with notice and a reasonable opportunity to participate in the
868 proceedings if he is not already a party. (D) Court proceedings as to
869 disclosure of confidential HIV-related information shall be conducted
870 in camera unless the subject of the test agrees to a hearing in open
871 court or unless the court determines that a public hearing is necessary
872 to the public interest and the proper administration of justice. (E) Upon
873 the issuance of an order to disclose test results, the court shall impose
874 appropriate safeguards against unauthorized disclosure, which shall
875 specify the persons who may have access to the information, the
876 purposes for which the information shall be used, and appropriate
877 prohibitions on future disclosure;

878 (11) Life and health insurers, government payers and health care
879 centers and their affiliates, reinsurers, and contractors, except agents
880 and brokers, in connection with underwriting and claim activity for
881 life, health, and disability benefits;

882 (12) Any health care provider specifically designated by the
883 protected individual to receive such information received by a life or
884 health insurer or health care center pursuant to an application for life,
885 health or disability insurance; and

886 (13) A procurement organization, for the purposes of assessing
887 donor suitability pursuant to [section 19a-279j] subsection (c) of section
888 14 of this act.

889 Sec. 31. Section 45a-318 of the general statutes is repealed and the
890 following is substituted in lieu thereof (*Effective October 1, 2009*):

891 (a) Any person eighteen years of age or older, and of sound mind,
892 may execute in advance of such person's death a written document,
893 subscribed by such person and attested by two witnesses, either: (1)
894 Directing the disposition of such person's body upon the death of such

895 person, which document may also designate an individual to have
896 custody and control of such person's body and to act as agent to carry
897 out such directions; or (2) if there are no directions for disposition,
898 designating an individual to have custody and control of the
899 disposition of such person's body upon the death of such person. Such
900 disposition shall include, but not be limited to, cremation, incineration,
901 disposition of cremains, burial, method of interment and cryogenic
902 preservation. Any such document may designate an alternate to an
903 individual designated under subdivision (1) or (2) of this subsection.

904 (b) No person may challenge a funeral director's decision to carry
905 out the directions for disposition contained in a document executed for
906 the purposes of subsection (a) of this section if the funeral director's
907 decision and conduct in carrying out such directions for disposition in
908 reliance on such document was reasonable and warranted under the
909 circumstances.

910 (c) In the absence of a written designation of an individual pursuant
911 to subsection (a) of this section, or in the event that an individual and
912 any alternate designated pursuant to subsection (a) of this section
913 decline to act or cannot be located within forty-eight hours after the
914 time of death or the discovery of the body, the following individuals,
915 in the priority listed, shall have the right to custody and control of the
916 disposition of a person's body upon the death of such person, subject
917 to any directions for disposition made by such person pursuant to
918 subdivision (1) of subsection (a) of this section:

919 (1) The deceased person's spouse, unless such spouse abandoned
920 the deceased person prior to the deceased person's death or has been
921 adjudged incapable by a court of competent jurisdiction;

922 (2) The deceased person's surviving adult children;

923 (3) The deceased person's surviving parents;

924 (4) The deceased person's surviving siblings;

925 (5) Any adult person in the next degree of kinship in the order

926 named by law to inherit the deceased person's estate, provided such
927 adult person shall be of the third degree of kinship or higher;

928 (6) Such adult person as the Probate Court shall determine.

929 (d) A document executed by a person for the purposes of subsection
930 (a) of this section shall revoke any document previously executed by
931 such person for the purposes of said subsection or any prior cremation
932 authorization or other authorization for the disposition of remains
933 executed by such person and may be in substantially the following
934 form, but the use of such form shall not preclude the use of any other
935 form:

936 DISPOSITION OF REMAINS AND

937 APPOINTMENT OF AGENT

938 I, ..., of ..., being of sound mind, make known that upon my death
939 my body shall be disposed of in the following manner:

940 (Insert desired disposition directions)

941 I appoint ..., having an address and telephone number of ..., to
942 have custody and control of my body to act as my agent to carry out
943 the disposition directions expressed in this document, and in the
944 absence of disposition directions, to have custody and control of my
945 body and to determine the disposition of my body. If ... shall decline
946 to act or cannot be located within forty-eight hours of my death or the
947 discovery of my body, then ..., having an address and telephone
948 number of ..., shall act in that person's place and stead.

949 Executed at (insert location of execution), Connecticut on (insert
950 date of execution).

951

952 (Signature)

953 Signed in our presence by ... who, at the time of the execution of

954 this document, appeared to be of sound mind and over eighteen years
955 old.

956 of

957

958 (Signature of witness)

959 of

960

961 (Signature of witness)

962 (e) The court of probate for the district of the domicile or residence
963 of a deceased person shall have jurisdiction to hear and decide any
964 issue regarding the custody, control or disposition of the deceased
965 person's body, upon the petition of any individual designated by the
966 deceased person pursuant to subsection (a) of this section, the
967 individual entitled to custody and control under subsection (c) of this
968 section if no designation is made pursuant to subsection (a) of this
969 section, the first selectman, chief executive officer or director of health
970 of the town in which the deceased person's body is being held, or the
971 funeral director or any other person or institution holding the
972 deceased person's body, and upon such notice to interested parties as
973 the court shall determine.

974 (f) This section shall not (1) apply to the disposition of the body of a
975 deceased person under the provisions of sections 19a-270 and 54-102,
976 (2) affect the powers and duties of the Chief Medical Examiner under
977 the provisions of sections 19a-406 to 19a-408, inclusive, or (3) affect the
978 making of anatomical gifts under the provisions of sections [19a-279a
979 to 19a-279f] 1 to 24, inclusive, of this act and section 14-42, as amended
980 by this act.

981 Sec. 32. Sections 19a-279a to 19a-281, inclusive, of the general
982 statutes are repealed. (*Effective October 1, 2009*)

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2009</i>	New section
Sec. 2	<i>October 1, 2009</i>	New section
Sec. 3	<i>October 1, 2009</i>	New section
Sec. 4	<i>October 1, 2009</i>	New section
Sec. 5	<i>October 1, 2009</i>	New section
Sec. 6	<i>October 1, 2009</i>	New section
Sec. 7	<i>October 1, 2009</i>	New section
Sec. 8	<i>October 1, 2009</i>	New section
Sec. 9	<i>October 1, 2009</i>	New section
Sec. 10	<i>October 1, 2009</i>	New section
Sec. 11	<i>October 1, 2009</i>	New section
Sec. 12	<i>October 1, 2009</i>	New section
Sec. 13	<i>October 1, 2009</i>	New section
Sec. 14	<i>October 1, 2009</i>	New section
Sec. 15	<i>October 1, 2009</i>	New section
Sec. 16	<i>October 1, 2009</i>	New section
Sec. 17	<i>October 1, 2009</i>	New section
Sec. 18	<i>October 1, 2009</i>	New section
Sec. 19	<i>October 1, 2009</i>	New section
Sec. 20	<i>October 1, 2009</i>	New section
Sec. 21	<i>October 1, 2009</i>	New section
Sec. 22	<i>October 1, 2009</i>	New section
Sec. 23	<i>October 1, 2009</i>	New section
Sec. 24	<i>October 1, 2009</i>	New section
Sec. 25	<i>October 1, 2009</i>	14-42
Sec. 26	<i>October 1, 2009</i>	1-56r(a)
Sec. 27	<i>October 1, 2009</i>	14-10(f)(2)(K)
Sec. 28	<i>October 1, 2009</i>	14-42a(b)
Sec. 29	<i>October 1, 2009</i>	19a-575a(a)
Sec. 30	<i>October 1, 2009</i>	19a-583(a)
Sec. 31	<i>October 1, 2009</i>	45a-318
Sec. 32	<i>October 1, 2009</i>	Repealer section

Statement of Legislative Commissioners:

In subsection (c) of section 10 in the phrase "under subsection (b) of this section" the word "section" was substituted for "act" for accuracy.

PH *Joint Favorable C/R*

JUD

JUD *Joint Favorable Subst.-LCO*

The following Fiscal Impact Statement and Bill Analysis are prepared for the benefit of the members of the General Assembly, solely for purposes of information, summarization and explanation and do not represent the intent of the General Assembly or either chamber thereof for any purpose. In general, fiscal impacts are based upon a variety of informational sources, including the analyst's professional knowledge. Whenever applicable, agency data is consulted as part of the analysis, however final products do not necessarily reflect an assessment from any specific department.

OFA Fiscal Note

State Impact:

Agency Affected	Fund-Effect	FY 10 \$	FY 11 \$
Judicial Dept.	GF - Revenue Gain	Potential Minimal	Potential Minimal
Judicial Dpt (Probation); Correction, Dept.	GF - Cost	Potential Minimal	Potential Minimal

Note: GF=General Fund

Municipal Impact: None

Explanation

The bill expands the current law prohibition against knowingly selling, receiving or transferring for valuable consideration any human organ for transplant to include body parts intended to be used for therapy. Such a violation is punishable by imprisonment for up to 1 year and/or a fine of up to \$2,000. To the extent that offenders are subject to incarceration or probation supervision in the community as a result of the bill, a potential cost to criminal justice agencies exists. On average, it costs the state \$3,736 to supervise an offender on probation in the community as compared to \$44,165 to incarcerate the offender.

Sec. 22 of the bill requires the Office of the Chief Medical Examiner, upon the request of an organ procurement organization, to release certain information about the deceased under its jurisdiction. It is anticipated that this can be accommodated by the agency within normally budgeted resources.

The Out Years

The annualized ongoing fiscal impact identified above would continue into the future subject to inflation.

Sources: 3/13/09 Public Hearing Testimony

OLR Bill Analysis**sHB 6677*****AN ACT CONCERNING ANATOMICAL GIFTS.*****SUMMARY:**

This bill replaces the 1987 Uniform Anatomical Gift Act with its 2007 successor. The bill retains many provisions of the existing law, updates others, and introduces new provisions on organ and tissue procurement organizations and the role of the chief medical examiner.

The bill allows some minors, parents of any minor, and a donor's legally authorized agent to make anatomical gifts during a person's lifetime. It permits more people to make donations after a person dies and reorders the priority for their doing so. It makes it more difficult for others to override a donor's anatomical gift and creates rules for interpreting gift documents that lack specificity.

The bill establishes standards for donor registries and detailed rules for the relationship between procurement organizations and the Chief Medical Examiners Office. It recognizes gifts made under the laws of other jurisdictions and allows for electronic records and signatures.

EFFECTIVE DATE: October 1, 2009

WHO MAY MAKE AN ANATOMICAL GIFT***§ 4 — During the Donor's Lifetime***

Current law allows an adult (someone age 18 or older) to donate all or part of his or her body for transplant, therapy, education, or research. The bill permits minors to make such donations under certain conditions and parents to do so on behalf of an unemancipated minor. A minor can make a gift if he or she is emancipated or old enough to apply for a driver's license (age 16½) or a Department of Motor Vehicles (DMV) identification card (there is no minimum age to

apply for such cards).

The bill also allows a donor's guardian or "agent" to make a gift on the donor's behalf. The bill defines an "agent" as someone authorized through a power of attorney to make health care decisions for the donor or who the donor expressly authorizes to make an anatomical gift. The agent can make a donation unless the health care power of attorney or other document conferring agency prohibits this.

The bill eliminates a donor's ability to designate a particular doctor to carry out the medical procedures for donation.

§ 9 — Upon a Donor's Death

The law permits other people to make anatomical gifts when a person dies, unless the person had previously refused to donate. It sets a priority order among these people for decision making. Under current law, they are, in priority order, the decedent's: (1) spouse, (2) designated decision-making agent (under CGS § 1-56r), (3) adult child, (4) parents, (5) adult siblings, (6) grandparents, (7) guardian of the person, (8) legally authorized health care agent, and (9) conservator.

The bill reorders this list and adds new people. It gives the donor's agent top priority. It gives the decedent's adult grandchildren priority over the decedent's grandparents and an adult who exhibited special care and concern for the decedent priority over conservators. It adds guardians at the same priority level as conservators and, at lowest priority, adds anyone authorized to dispose of the decedent's body.

The bill seems to make it easier for these people to make decisions by allowing them to be "reasonably" available, not just available. It defines "reasonably available" as being able to be contacted by a procurement organization and willing and able to act in a timely way consistent with medical criteria for making anatomical gifts.

Under current law, a person in this priority list cannot make a gift if someone in a higher class is available to make the decision or he or she knows that (1) the decedent refused to make a donation or (2) someone

in the same or a higher class opposes donation. The bill eliminates the specific bar on post-mortem donations by someone who knows the decedent refused to donate. Instead, it bars anyone, other than the parents of a deceased minor, from making a donation if the donor refused in writing to donate and did not revoke this refusal or expressly indicate otherwise.

Under the bill, any member of a class that contains more than one member can make a donation, unless he or she or a potential recipient of the gift knows that someone else in the class objects. In that case, a majority of reasonably available class members must make the decision to donate.

HOW ANATOMICAL GIFTS CAN BE MADE

§ 5 — *By a Donor*

Under current law, a donor may make an anatomical gift (1) in a will or other document, (2) by signing an organ or tissue donor card, (3) by being included in a donor registry maintained by an organ or tissue procurement organization, or (4) by indicating the intent to donate on a driver's license or license application or renewal. These are known as "documents of gift." The bill allows a person to donate during a terminal illness or injury by communicating this intention in any way to at least two adults, at least one of whom must be a disinterested witness.

In order to donate through a registry, the bill requires a donor or the donor's agent to sign a donor card or other record indicating the donor's intent to be included on a registry. Under current law, if a donor cannot sign a document of gift, another person and two witnesses can do so at the donor's direction and in the presence of all the parties. The bill specifies that this is necessary only when the donor is physically unable to sign.

The bill specifies that, as for a gift made by driver's license, revocation, suspension, expiration, or cancellation of a DMV identification card does not invalidate an anatomical gift.

It eliminates the requirement that a donor registry be operated by a procurement organization. Under the bill, a donor registry is either the DMV registry process or any other database that identifies donors and conforms to the bill's requirements for donor registries (see below).

§10 — *By a Third Party after the Donor's Death*

The bill does not change the way third parties can make a gift after a donor dies—by document of gift or a recorded message reduced to writing and signed by the recipient.

§§ 6, 8, 10 — AMENDING OR REVOKING A GIFT

During a Donor's Lifetime

The bill permits more people to amend or revoke a donor's gift but makes it more difficult for a dying donor to do so. Under current law, a donor can amend or revoke a gift that is not made in a will by (1) signing a statement, (2) delivering a signed statement to a procurement organization or a donee named in a document of gift, or (3) communicating with a doctor during a terminal illness or injury.

The bill permits a donor's authorized agent, or, if the donor or agent are physically unable to sign, another party acting at their direction to sign a document amending or revoking a gift. A document signed by someone other than the donor or agent must be witnessed by at least two adults, one of whom is a disinterested witness, who have signed at the donor's or third party's request. The bill defines a "disinterested witness" as someone not (1) related to the person making, amending, revoking, or refusing to make a gift, including those people able to make post-mortem gifts or (2) able to receive an anatomical gift.

The bill requires a dying donor who wants to amend or revoke a gift to communicate this intention to at least two adults, one of whom must be a disinterested witness.

Under current law and the bill, unless a person formally refuses to donate, a donor's revoking or amending a gift does not constitute a refusal. The bill specifies that a donor's or other authorized person's revocation of a gift does not bar anyone authorized to make a gift from

doing so either before or after the donor's death. Under the bill, anyone authorized to make a gift during the donor's lifetime can amend or revoke a gift by destroying or cancelling the document of gift or that part of the document that conveys the gift.

Under the bill, absent express indications to the contrary, giving a body part for a specific purpose does not bar giving it for other purposes. Under current law and the bill, giving one body part is not deemed to be a refusal to give other parts or limit future donations of other parts, unless the donor or other authorized person expressly indicates otherwise.

Post-Mortem

Under current law, an unrevoked anatomical gift is irrevocable and does not need anyone's consent after the donor dies to be effective. The bill, with two exceptions, explicitly bars anyone other than the donor from making, amending, or revoking a donor's gift without some express indication that the donor wanted to change his or her decision. The exceptions permit a parent of an unemancipated minor to (1) revoke the child's signed refusal to make a donation or (2) amend or revoke the child's gift. The bill also specifies that if someone other than the donor made or amended a gift during the donor's lifetime, no one can make, amend, or revoke the gift after the donor dies.

The bill makes it more difficult to amend or revoke a gift made after a person dies. Under current law, someone in the same or higher class as the person who made the gift can revoke it if the person removing the parts knows about the revocation. Under the bill, only someone in a class above the person who made the gift can revoke or amend it. If more than one member of this higher class is reasonably available, a majority must agree to amend, while a majority or equal division can revoke.

§ 7 — REFUSING TO MAKE A GIFT

By law, a person can refuse to make an anatomical gift in a will or by signing a written document. Under current law, a dying person can

also refuse by communicating his or refusal to a doctor, orally or in writing. The bill requires a dying person to communicate this refusal to at least two people, one of whom must be a disinterested witness. It allows a third party to sign a refusal document at the direction of someone who is physically unable to sign. In this situation, at least two adults, one disinterested, must witness the signing.

The bill permits someone to amend or revoke his or her refusal by (1) changing a will; (2) signing a written document; (3) communicating at death with two or more adults, as above; (4) making a document of gift that is inconsistent with the refusal; or (5) destroying the refusal.

The bill specifies that, in the absence of express evidence to the contrary, a person's unrevoked refusal bars anyone from making a gift of his or her body or parts, except for the parents of an unemancipated minor.

§11 — WHO CAN RECEIVE AN ANATOMICAL GIFT

The bill appears to permit private and public corporations, other commercial and legal entities, and government organizations (all "persons" under the bill), as appropriate, to receive anatomical gifts for research or education. It specifically permits donations to eye and tissue banks. And, as under current law, it permits donations to hospitals, medical and dental schools, colleges and universities, organ and procurement organizations, and individuals designated by the person making the gift, if the individual is the recipient of the body part.

As under current law, no one who knows that the decedent refused to make an anatomical gift can accept one. The bill specifies that anyone who knew that a donation was made through a document of gift is deemed to know of any refusal, amendment, or revocation made in the same document.

If an organ donation is made for transplant or therapy, but does not name an individual to receive it, the bill requires the organ to go to an organ procurement organization, which acts as the organ's custodian.

The bill requires eye banks, tissue banks, or organ procurement organizations, as appropriate, to receive body parts in four situations:

1. a donated part cannot be transplanted into a designated donee, and the person making the gift did not direct some other use;
2. a gift identifies a purpose for using donated body parts but does not name a person to receive them (if the gift document lists more than one purpose without setting priorities, the gift must be used first for transplant or therapy and then for research or education);
3. a gift of one or more specific parts neither names a person to receive them or a purpose for their use, in which case the receiving organization must use them first for transplant or therapy, or if they are not suitable for these purposes, for research or education; and
4. a document of gift specifies only a general intent to donate, in which case the parts must be used as in #3.

Under the bill, custody of any anatomical gift that does not pass as described above or that is not used for any purpose permitted under the bill passes to the person who must dispose of the body.

Finally, the bill specifies that, except for donations to named individuals, these provisions do not affect organ allocations for transplant or therapy, which is done pursuant to the National Organ Transplant Act.

§§ 12, 13 — LOOKING FOR AND EXAMINING A DOCUMENT OF GIFT

The law requires various people to look for documents indicating that a dead person or one near death is either an organ donor or has refused to donate. These include (1) paramedics, police, firefighters and (2) hospital personnel, if no other source of information is immediately available. The bill removes procurement organizations from this list. It specifies that the officer or paramedic responsible for

conducting the search must send any document they find to the hospital.

Current law requires anyone who possesses a document of gift to make it available to an “interested party” (presumably a donee or someone who could make a gift) for examination or copying. The bill extends this requirement to anyone who possesses a donor’s refusal and specifies that donees and parties authorized to make gifts must be given access to the document.

The bill removes a requirement that a hospital notify any designated donee it knows of or a procurement organization if it learns a donor is in transit to the hospital, is dying or has died, or that the chief medical examiner has removed an organ or tissue as part of a medicolegal exam.

The bill retains the law that specifies that a document of gift does not have to be delivered during a person’s lifetime for it to be effective.

§ 14 — REFERRAL TO A PROCUREMENT ORGANIZATION

Under the bill, when a hospital refers a person near or at death to a procurement organization, the organization must search the DMV registry and any other geographically relevant donor registries to find out whether the person has made an anatomical gift. It requires DMV to give these organizations reasonable access to its donor records. Under the bill, procurement organizations include organ, tissue, and eye banks.

Similarly, when a hospital refers a patient to a procurement organization, the bill requires it to look for people with priority to make a post-mortem gift. If an organization learns that a gift to anyone else was made, amended, or revoked, it must advise this person of all relevant information.

When a minor dies, the bill requires an organization to look for the parents, unless it knows the minor was emancipated, and give them the chance to amend any donation or revoke a refusal.

Current law requires anatomical gifts to authorize any reasonable examination needed to assure that the gift is medically acceptable for the purposes for which the gift is made. It allows procurement organizations to review a potential donor's medical record to assess his or her suitability to donate.

The bill allows procurement organizations to examine an individual to assess the medical suitability of a part that is, or could be, donated for any eligible purpose. During this examination, any measures needed to maintain a part's suitability cannot be withdrawn unless the person says they can. After the person dies, the bill permits the donee to conduct a similar examination. People conducting either of these exams can also look at the person's medical and dental records (under federal law, someone still alive would have to consent to this).

The bill eliminates (1) the requirement for hospital personnel to discuss the option of donation with any patient who is near death, if there is no record that the patient has made or refused to make a gift and (2) criteria for determining death.

§§ 1, 20 — DONOR REGISTRIES

The bill defines a donor registry as the DMV registry or any other database that identifies donors. It eliminates the current requirement that a procurement organization maintain a registry.

The bill requires all registries to be accessible to procurement organizations 24 hours a day, seven days a week. It prohibits the use or disclosure of personally identifiable information on a registry without the consent of the donor or the person who made the gift except to determine if a donor or prospective donor (but apparently not a third party) made a gift.

The bill specifies that it does not preclude anyone from creating or keeping a registry without a state contract to do so. But such a registry must comply with the above provisions.

§§ 21, 22 — CHIEF MEDICAL EXAMINER RESPONSIBILITIES

The bill creates new responsibilities for the chief medical examiner (CME). Current law simply requires the CME to facilitate tissue harvesting and organ procurement within the constraints of the office's official investigative responsibilities. The bill requires the CME to cooperate with procurement organizations to maximize the opportunity to recover anatomical gifts for eligible purposes.

It requires a medical examiner notified by a procurement organization that the decedent made or could be the subject of a gift to conduct any post-mortem exam in a way and in a time that is compatible with preserving the body or parts for the gift's purposes. But, unless a body under the CME's jurisdiction is governed by a valid gift, the bill prohibits (1) removing any body part from a corpse for transplant, therapy, research, or education and (2) delivering a body to anyone for research or education. The bill specifies that these provisos do not preclude a medical examiner from conducting an autopsy.

The CME must give any procurement organization that asks the name, contact information, and available medical and social history of a decedent whose body is its jurisdiction. If the decedent's body or part is medically suitable for transplantation, therapy, research or education, the CME must also give post-mortem exam results to the organization. The organization can subsequently disclose these results or other information it received from the CME that is relevant to (1) transplantation or therapy or (2) with the CME's express authorization, research, or education.

The bill permits the CME, in investigating a donor's or potential donor's death, to review all medical records, lab and other diagnostic results, x-rays, and any other information anyone possesses that the CME determines may be relevant to the investigation. Anyone who has any information the CME asks for must provide it as quickly as possible so that the investigation can be conducted in a time that enables preserving the parts for transplantation, therapy, research, or education.

The CME must cooperate with a procurement organization in the

timely removal of a body part from a decedent who made or could be the subject of an anatomical gift and whose body is under the CME's jurisdiction if a post-mortem examination (1) is not required or is (2) required, but recovering the donated part will not interfere with the examination.

If the CME initially believes that removing a potential donation could interfere with its investigation into the decedent's death, the bill requires it to consult with a procurement organization or its designated doctor or technician about the proposal in order to facilitate removal consistent with the CME's obligations. If, after this consultation, the CME intends to deny removal and the parties do not agree on protocols to resolve the conflict, the CME, at the procurement organization's request, may attend the removal procedure before making a final determination not to allow it. During the procedure, a medical examiner or his or her designee may allow the removal to proceed or may deny removal, if he or she reasonably believes that the part may be involved in determining the decedent's cause or manner of death.

If the CME denies removal, it must give the procurement organization a record of its specific reasons. If the CME allows removal, the procurement organization, at the CME's request, must require the physician or technician who removes the part to provide the CME with a record describing the part's condition; the results of any biopsy; photographs, if taken; and any other information and observations that would assist in the post-mortem examination.

§16 — SELLING BODY PARTS

Current law makes it a class A misdemeanor knowingly to sell, receive, or transfer for valuable consideration any human organ for transplant. The bill specifies that this prohibition applies only if the body part is supposed to be removed after a person dies. The bill also applies to body parts intended to be used for therapy. A class A misdemeanor is punishable by up to one year in prison, a fine of up to

\$2,000, or both.

The bill does not define “valuable consideration.” Current law’s definition of “valuable consideration” excludes (1) ordinary medical and hospital fees for services, (2) a donee’s medical and legal fees, and (3) a donor’s travel and housing expenses and lost wages. The bill permits people to charge reasonable amounts to remove, process, preserve, control quality, store, transport, implant, and dispose of a body part.

§§17, 18, 19 — LIABILITY AND VALIDITY

Under the bill, anyone who, for financial gain, intentionally falsifies, forges, conceals, defaces, or obliterates a document of gift, an amendment or revocation, or a refusal is guilty of a class A misdemeanor.

The law protects people from civil or criminal liability if they act in good faith to comply with Connecticut’s or another state’s anatomical donation laws. The bill also protects them from liability in administrative proceedings.

The bill specifies that, in determining whether an anatomical gift has been made, amended, or revoked, a person can rely on representations of relationship by people who can make post-mortem donation decision, unless the person knows the representation is false.

Under the bill:

1. a document of gift is valid if it is executed according to (a) the bill, (b) the laws of the jurisdiction in which it was executed, or (c) the laws of the jurisdiction where the person making the gift was domiciled, resided, or a national, when the gift was made;
2. if a gift is valid, Connecticut law governs its interpretation; and
3. people can presume a gift or an amendment is valid unless they know it was not properly executed or was revoked.

§ 23 — CONSTRUING THE BILL

The bill specifies that anyone applying and construing it must consider the need to promote uniformity among the states that enact the uniform act.

§ 24 — ELECTRONIC RECORDS AND SIGNATURES

The bill addresses the use of electronic records and signatures. It states that it modifies, limits, and supersedes the Electronic Signatures in Global and National Commerce Act. This law facilitates the use of electronic records and signatures in interstate and foreign commerce by ensuring the validity and legal effect of contracts entered into electronically. But the bill does not affect that act's consumer disclosure provisions or authorize electronic delivery of any notices that the act exempts from electronic transmission.

§ 25 — DMV DONOR REGISTRY

The bill makes conforming changes in the law permitting people applying for a driver's license or indentity card to make donations through DMV. It allows the donor symbol to be imprinted on either side of a driver's license, not just the back, but, like current law, it is silent on donor symbols on identity cards.

REPEALED PROVISIONS

The bill repeals all provisions of the 1988 Uniform Anatomical Gifts Act but reenacts many of them in the same or slightly altered form. But, in addition to provisions discussed in the context above, it totally repeals provisions that:

1. permit a document of gift to designate a particular doctor to perform the appropriate procedures or, if no designation is made or the doctor is not available, the donee to do so;
2. permit storing a document of gift in a hospital, procurement organization, or donor registry as a way to keep it safe or facilitate procedures after death;
3. require the public health commissioner to adopt implementing

regulations; and

4. require a medical examiner to remove corneal or pituitary tissue from any body being autopsied if (a) the examiner believes they may help someone and that removal will not disfigure the body and (b) no next of kin is known at time or the deceased did not belong to a religious group that objects to tissue removal.

BACKGROUND

DMV Donor Registry

The law requires the DMV commissioner and the Department of Information Technology's chief information officer to enter into an agreement to provide one or more federally designated organ and tissue procurement organizations with access to names, birthdates, and other relevant information of operator license holders who have registered their intent to be organ donors with DMV. The departments determine the form and manner of such access in consultation with the procurement organization. This can include electronic transmission of initial information and periodic updates.

DMV can disclose personal information from a motor vehicle record to any individual, organization, or entity using it for inclusion of personal information about people who have consented to become organ and tissue donors in a donor registry established by a procurement organization. The individual, organization, or entity must sign and file with DMV a statement on a DMV-approved form, under penalty for false statement, that the information will be used as stated. DMV can require supporting documentation or information (CGS § 14-42a).

COMMITTEE ACTION

Public Health Committee

Joint Favorable Change of Reference
Yea 30 Nay 0 (03/26/2009)

Judiciary Committee

Joint Favorable

Yea 38 Nay 0 (04/03/2009)